

Full name of child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **197**
Registered No. **205**

1. PLACE OF BIRTH

County Graham State ARIZONA
Township _____ or Village _____
City Central No. _____ St. _____ Ward _____

2. Full name of child Kenneth Fay Coombs (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex male If plural births _____ 4. Twin, triplet, or other Single 5. Premature Yes 7. Is mother married? Yes 8. Date of birth 7-19 1935
(Month, day, year)

9. Full name Fay E. Coombs FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Central
11. Color or race White 12. Age at last birthday 19 (Years)

13. Birthplace (city or place) (State or country) Arizona
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name Wanda Mangum MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Central
20. Color or race White 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) (State or country) Utah
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1st (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 9:30 AM on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report _____ (Date of) _____

(Signed) J. N. Haines M. D.
or _____ Midwife

Address _____
Filed August 8, 1935 Registrar W. C. H. Hays